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# LETTER TO THE EDITOR

## Reply to On the need for competent evaluation of trial quality

In the Mead study, control group patients were 2.4 years older than patients in the experimental group and their rate of sepsis at baseline was 3.7% higher.[1] This may or may not be statistically significant but the differences did not seem to be clinically significant. In terms of intention to treat analysis, only two patients out of 985 randomized patients (0.2%) were excluded from primary analysis. Unfortunately Jadad score does not include the assessment of randomization errors and intention to treat analysis.[2] However this degree of difference and the exclusion of two patients would be unlikely to jeopardize the validity of study.

There are three parties that can be blinded in a randomized controlled trial (RCT), namely patients, treating physicians and outcome assessors. Therefore blinded RCTs can be classified as "single-blind", "double-blind", or "triple-blind".[3] In ventilator trials, there would be no way that patients know the treatment assignment since they are intubated and sedated. Treating physician could not be blinded because the nature of the intervention. We did not deduct Jadad points in the Mead study because it was clearly stated that the outcome assessor was blinded and, in our opinion, their study was still considered double-blind if not triple blind for the reasons mentioned above. In addition, it was felt that bias introduced by not blinding treating physicians in this type of study was insignificant since core outcome measures such as mortality rates, ventilator days, and ICU length of stay were very objective, in contrast to patient-reported outcomes, and would not easily affected even if treating physicians knew the treatment allocation. It is also hard to believe that different PEEP levels affected how treating physicians managed the patients otherwise.

That said, a quality scale such as Jadad score may no longer be an appropriate to assess the risk of bias although the use of Jadad score was still prevalent when our analysis was conducted in 2008. The PRISMA statement now recommends a component approach such as the Conchrane Risk of Bias Tool in which assessments of risk of bias require judgment by researchers.[4,5] Although some of the included studies in our meta-analysis had a low Jadad score, it was felt that the risk of bias was not high enough to preclude the synthesis of data as reasoned above, which were supported by other similar studies.[6,7]

## Conflict of interest

I declare no conflict of interest associated with this letter.

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